

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101564710  
APPLICANT(S)

FILING DATE

01-13-06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			2					52					
3				1				53					
4				1				54					
5				1				55					
6				1				56					
7				1				57					
8				1				58					
9				1				59					
10				1				60					
11				1				61					
12				1				62					
13				1				63					
14				1				64					
15				1				65					
16				1				66					
17				1				67					
18				1				68					
19			1					69					
20				1				70					
21				1				71					
22				1				72					
23				1				73					
24				1				74					
25				1				75					
26				1				76					
27				1				77					
28				1				78					
29				1				79					
30				1				80					
31				1				81					
32				1				82					
33				1				83					
34				1				84					
35			1					85					
36			1					86					
37				1				87					
38				1				88					
39				1				89					
40				1				90					
41				1				91					
42				1				92					
43				1				93					
44				1				94					
45				1				95					
46				1				96					
47				1				97					
48				1				98					
49				1				99					
50				1				100					
TOTAL IND.			3					TOTAL IND.					
TOTAL DEP.			32					TOTAL DEP.					
TOTAL CLAIMS			35					TOTAL CLAIMS					

BEST AVAILABLE COPY